

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FLING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2	1						52								
3	1						53								
4	1						54								
5		1					55								
6		1					56								
7		1					57								
8		4					58								
9		1					59								
10		2					60								
11	1						61								
12	1						62								
13		2					63								
14	1						64								
15	1						65								
16	1						66								
17		4					67								
18		1					68								
19		2					69								
20		4					70								
21		1					71								
22		2					72								
23		4					73								
24		1					74								
25		2					75								
26		4					76								
27		1					77								
28		2					78								
29		4					79								
30		4					80								
31		4					81								
32		1					82								
33		2					83								
34		4					84								
35		1					85								
36		2					86								
37		4					87								
38		1					88								
39		2					89								
40		4					90								
41		1					91								
42		2					92								
43		7					93								
44		7					94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	9						TOTAL IND.								
TOTAL DEP.	90						TOTAL DEP.								
TOTAL CLAIMS	99						TOTAL CLAIMS								